

MARLBORO RECREATION SOCCER

FALL 2006 REGISTRATION FORM

ALL REGISTRANTS MUST CURRENTLY BE IN KINDERGARTEN THROUGH H.S.

REGISTRATION FEE IS \$ 40 PER CHILD

☐ NEW PLAYER ☐ RETURNING PLAYER DID CHILD PLAY LAST SEASON? () YES () NO

PLAYER INFORMATION

LAST NAME: _____ FIRST NAME: _____ () MALE () FEMALE

ADDRESS: _____
() MARLBORO () MORGANVILLE () ENGLISHTOWN

HOME PHONE: _____ GRADE FALL 06: _____ D.O.B.: _____

PARENT/GUARDIAN INFORMATION:

LIVE WITH BOTH PARENTS () YES () NO

FATHER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

MOTHER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ TOWN: _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

EMERGENCY CONTACT: _____ ADDRESS: _____

HOME PHONE: _____ CELL: _____

VOLUNTEER SECTION

Please choose at **least one** from among the following seven (7) choices:

☐ Co-Division Coordinator (each Division **MUST** have **TWO**) ☐ Referee Assignor ☐ Field Coordinator ☐ Website
☐ Coach* ☐ Assistant Coach * (* **F LICENSE REQUIRED TO COACH OR ASSISTANT COACH**)

Name of volunteer if any of the above is selected (PLEASE PRINT). _____

☐ I understand that by registering my child to play Recreation soccer this season, I will have committed to volunteer a **MINIMUM** of **TWO** hours of time during this season for each of my children playing Recreation soccer. This volunteer time will **NOT** coincide, overlap or conflict with my child's games. **IF I AM UNABLE TO VOLUNTEER, I WILL NOT REGISTER MY CHILDREN.**

☐ I am very interested in getting more involved in supporting the program in addition to required volunteer time indicated above.

Please contact me as soon as possible.

WAIVER

THE UNDERSIGNED PARTICIPANT OR PARENT, IF UNDER THE AGE OF 18, ASSUMES ALL THE RISKS INVOLVED AND SHALL HOLD HARMLESS THE TOWNSHIP OF MARLBORO, THE RECREATION COMMISSION, AND ITS EMPLOYEES FROM ANY AND ALL LIABILITIES.

MARLBORO CABLE TELEVISION RELEASE WAIVER

___ YES, I GIVE MY PERMISSION FOR MYSELF/MY CHILD TO BE VIDEOTAPED FOR MARLBORO TELEVISION.

___ NO, I DO NOT GIVE MY PERMISSION FOR MYSELF/MY CHILD TO BE VIDEOTAPED FOR MARLBORO TELEVISION.

ADULT SIGNATURE _____

CODE OF CONDUCT ON REVERSE SIDE **MUST BE SIGNED** BY CHILD & **BOTH** PARENTS/GUARDIANS.

REQUEST FOR TEAM PLACEMENT CANNOT BE ACCEPTED

NO REFUNDS AFTER TEAMS ARE FORMED.